

## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

#### **3.1.1. PURPOSE AND SCOPE:**

This section provides guidance for the space planning criteria for the Primary Care / Family Practice Clinical Services in DoD medical facilities. Primary Care includes: family practice clinics, general outpatient clinics, pediatric, physical examination, adolescent and well baby clinics. Section 3.3 provides criteria for pediatrics, adolescent and well baby clinics.

#### **3.1.2. DEFINITIONS:**

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

**Family Practice:** A specifically trained and certified specialty of medicine, which provides healthcare to all members of a family unit. In addition to providing general medical care, family practitioner may provide obstetrics care, pediatrics, and minor surgical, psychiatric and geriatrics care.

**Family Practice Residency Program Center:** The primary setting for a residency program for training in the knowledge, skills, and attitudes of family practice is a family practice center. At such a location, each resident must provide continuing, comprehensive care to a panel of patient families.

**Full-Time Equivalent (FTE):** A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

**Office:** Room Code OFA01 is a private office outfitted with standard office furniture. Room Code OFA02 is a private office outfitted with systems furniture. Room Code OFA03 is a cubicle outfitted with systems furniture.

**Preceptor/Consult Room:** - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable.

**Primary Care Clinic:** A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and others). A primary care clinic provides the office, examination and treatment space for "primary care managers" in the military healthcare system.

**Primary Care Manager (PCM):** A primary care manager is a medical provider, such as a primary care physician, family physician, family nurse practitioner, internist or pediatrician, who provides primary care and family medicine services to empanelled TRICARE patients, and who supervises the patients' overall health and wellness.

**Primary Care Physician:** Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

**Provider:** An individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General

## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

providers are physicians, physician's assistants and clinical nurse practitioners. - The term 'staff providers' does not include residents.

#### **3.1.3. POLICIES:**

**Patient Education Conference room:** The primary purpose of this room is for group education and/or group therapy classes. Some examples would include, initial OB education, diabetics group discussions, pediatric development classes, etc. This room needs to be located near the patient care areas for easy patient access.

**Patient Education Cubicle:** The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

**Primary Care Provider Team Size:** The size of a primary care provider team is not dictated by this criterion. For the purposes of programming space, provider teams will be eight providers each. The number of teams is established as the total number of providers divided by eight (8) and rounded up to the next higher number when the remainder is 4 or more.

**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

**Physical Examination:** A separate physical examination area will be provided when workload exceeds an average of 100-150 exams per week (20/day). Do not include Family Practice, pediatric or adolescent medicine physical examination when determining the need of a physical examination area.

**Team Sizing Criteria:** The size of a provider team may vary. See additional information provided in "Section 3.2 – Clinic of the Future" and "Section 3.3 – Pediatrics."

#### **3.1.4. PROGRAM DATA REQUIRED:**

How many FTE providers are projected?
How many FTE nurse managers are projected?
How many FTE nursing staff are projected?
How many NCOIC/LCPO/LPO/SMT are projected?
How many FTE officer or officer equivalents are projected?
How many FTE staff will require a private office? (Note: do not count providers, nurse manager, nurses, NCOIC/LCPO/LPO/SMTs)
How many FTE staff will require a dedicated cubicle?
How many FTE staff will require a locker? (Note: Do not include staff with offices or cubicles)
How many FTEs on peak shift are projected?
Will patient records be stored in this clinic?
<b><u>3.1.4. PROGRAM DATA REQUIRED: Continued</u></b>
How many patient records will be stored in this clinic?
How many MEDICARE records will be stored in this clinic?
Will patient records use fixed shelving?
How shelves high (5 or 6) will be used?

**DoD Space Planning Criteria for Health Facilities**  
**Primary Care / Family Practice**

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	
Are pediatric patients seen in the clinic?				
Are pediatric or OB patients seen in the clinic or does Infection Control Risk Assessment (ICRA) warrant an isolation waiting room?				
Is an Isolation Room required?				
Is a Procedure Room required?				
Is a dedicated EKG Room required?				
Is a dedicated Immunization Room required?				
How many hours per week does Immunization operate?				
How many immunizations per week are projected?				
Is an Allergy Technician projected?				
Is an Audiometric Booth required?				
Is a 1-Person Audio Screening Booth required?				
Is a 4-Person Audio Screening Booth required?				
Is a 6-Person Audio Screening Booth required?				
Is a 2-room Diagnostic Audiometric Suite required?				
Is a Visual Screening Room required?				
Is a Laboratory Technician/Phlebotomist projected?				
Is an Orthopedic Casting Room required?				
Is OB non-stress testing performed in clinic?				
How many advice nurses are projected?				
How many appointment clerks are projected?				
Will there be vending machines in the staff lounge?				
Is a satellite laboratory required?				
Will there be a Residency Program?				
Will there be a Residency Program Director?				
Will there be a Residency Program Secretary?				
How many Residents are projected?				
How many Residency staff require private administrative offices				
How many Residency Administrative Staff cubicles are required?				
Are physical exams performed in this clinic?				
How many physical examinations are performed per day?				
How many FTE Physical Exam providers are projected?				
Is blood draw a function of this clinic?				
Are optometric eye lanes a function of this clinic?				
How many full eye lanes are required?				
How many folded eye lanes are required?				
Is ENT a function of this clinic?				
Is this a freestanding primary care clinic?				
Will a satellite laboratory be required?				
Is a FTE pharmacist projected?				
Is a FTE radiology technician projected?				

## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

#### 3.15 SPACE CRITERIA:

**Primary Care Clinic Space Requirements:** Planning Criteria, this section also provides the basis for freestanding clinics.

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms are provided in Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

**Provider Teams:** Many military Primary Care Clinics use the concept of “Provider Teams” to enhance continuity of care to an identified patient population (empanelled). Such teams are most effective when they are associated with a defined area of the clinic. When teams are used, there may be an increased need for such areas as Weights and Measures or Team Reception Stations. The use of Primary Care Provider Teams must be stated to include the size of the team.

**Ambulance Dispatch Area:** Criteria for ambulance dispatch and on-call rooms is provided in Section 3.5, Emergency Services. If no emergency services department is projected, provisions for this space may need to be located in the Primary Care/Family Practice area.

**Physical Examination:** In computing workstations, any fraction of 0.4 or over may be converted to the next higher number. A minimum of one of each workstation is required unless otherwise noted.

**Functions Unique to a Freestanding Primary Care Clinic** (not within a hospital or Medical Center): Note: Program this area for a freestanding clinic in addition to the areas found in the section titled, Functions Common to both a Freestanding Primary Care Clinic and a Primary Care Clinic Found in a Hospital or Medical Center.

There are two general types of freestanding clinics. There are clinics, which are located on the same installation as a hospital or medical center. This happens more typically in the Army and Navy. There may be more than one such clinic on a military installation with a large beneficiary population (Fort Bragg, Fort Hood, Camp Pendleton). The other type of freestanding clinic occurs as the sole source of medical care on the installation, i.e. there is no hospital or medical center. The concept of operations for each of these clinics must be carefully considered. Where a clinic exists on an installation with a hospital or medical center, some services may not be programmed into the clinic because patients are referred to the hospital or medical center for diagnostic care (lab work, radiology, pharmacy, etc.)

**NOTE:** GP indicates that a guideplate exists for that particular Room Code.

#### **FUNCTIONS UNIQUE TO A FREE STANDING PRIMARY CARE CLINIC\*:**

Laboratory	LBSC1	22.30	240	One per clinic if Laboratory is approved in clinic concept of operations, and when laboratory staff FTE are projected.
Clinic Pharmacy	PHOD1	22.30	240	When Pharmacist projected, also see Section 5.6.
Radiology Room (Layout 1191)	XDR01	27.87	300	If Radiology is approved in clinic concept of operations, and when radiology staff FTE are projected.
X-Ray Viewing	XVC01	11.15	120	One per X-Ray diagnostic room.
Dressing Room/Cubicle (GP)	DR001	5.57	60	One per X-Ray diagnostic room.

## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

Note: Also refer to Common Areas Section 6.1

#### Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics

RECEPTION AREAS				
Clinic Waiting	WRC01	5.57	60	Minimum. Provide three seats per each projected FTE provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate Well and Isolation waiting areas. If divided, recommend providing 67% of space for a main waiting area.
	WRC02			Minimum. <u>Isolation waiting</u> : Include if pediatric and OB patients are seen in the clinic. Recommend providing 33% of space for a Well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (isolation waiting vs. main waiting), then combine waiting space appropriately.
Playroom Waiting (GP)	PLAY1	9.29	100	One per clinic. Provide if in clinic concept of operations.
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Kiosk/Alcove	CLSC1	2.78	30	Minimum, provide one if included in clinic concept of operations.
Patient Education Cubicle	CLSC2	2.78	30	Minimum, provide one. Includes a computer workstation for patient self-assessment, printing educational brochures, etc.
Patient Education Conference Room (GP)	CLR01	23.23	250	One per clinic if eight providers or less. Provide two classrooms for more than nine providers.
Public Toilets	NA	NA	NA	Space will be provided in the Common Areas. See Section 6.1.

**DoD Space Planning Criteria for Health Facilities**  
**Primary Care / Family Practice**

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

**PATIENT AREAS**

Screening, Weights and Measures, Adult Room (GP)	EXRG4	7.43	80	Minimum of one for up to four projected FTE providers. One additional room for increment of four providers or portion thereof. Subtract pediatric rooms EXRG5
Screening, Weights and Measures, Pediatrics Room (GP)	EXRG5	11.15	120	One for increment of eight providers or portion thereof, if pediatric services provided
Provider Exam Room (GP)	EXRG1	11.15	120	Army - Two per projected FTE. (Also note resident examination rooms.)
	EXRG2			Navy. (See above planning range comments.)
	EXRG3			Air Force. (See above planning range comments.)
Isolation Exam Room (GP)	EXRG6	13.01	140	One per clinic. (negative pressure)
Isolation Toilet (GP)	TLTU1	4.65	50	Single occupancy toilet with diaper changing counter. Locate adjacent to isolation exam room.
Sub-waiting	WRC01	9.29	100	One per clinic with more than 12 providers. For treatment and procedure areas.
General Purpose Treatment Room (GP)	TRGM1	16.26	175	One for up to six projected FTE providers. One additional room for increment of six providers or portion thereof.
General Purpose Treatment Room – Two Bed (GP)	TRGM2	31.59	340	Provide for large clinics with 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-bed treatment rooms instead of one 340 nsf two-bed treatment room.
Proctoscopic Procedure Room (GP)	TRPE1	16.26	175	Minimum of one for up to 12 providers. One additional room for increment of 12 providers or portion thereof, if in clinic concept of operations.
Procedure Room Toilet (GP)	TLTU1	4.65	50	One per procedure room.
Scope Wash Room (GP)	USCL2	11.15	120	Minimum of one. One per two proctoscopic rooms.
EKG Room (GP)	OPEC1	11.15	120	One per clinic if dedicated EKG room is required.
Immunization Room (GP) (See formula at the end of this Section.)	OPIR1	20.44	220	Minimum. One per Primary Care Clinic when the clinic is located in a medical treatment facility that has no Allergy/Immunization Clinic (Section 3.17). This is the location where patients receive their immunizations.
Allergy Injection Room	OPAI1	11.15	120	One if FTE Allergy Technician is projected.
Immunization Waiting/Observation Area	WRC01	9.29	100	Minimum. Provide six seats per injection station. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
One Person Audio Screening Booth (GP)	PEHS1	11.15	120	If included in the clinic concept of operations.

**DoD Space Planning Criteria for Health Facilities**  
**Primary Care / Family Practice**

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

**PATIENT AREAS: Continued**

Multi-Person Audiobooth	PEHS2	34.84	375	Hearing screening four person. (Also see Section 3.10.)
	PEHS3			Hearing screening six person. (Also see Section 3.10.)
Audio Booth Suite (GP)	PEHS4	34.84	375	An audio booth suite is a two-room booth. If included in the clinic concept of operations.
Vision Screening	PEVS1	11.15	120	One per clinic if included in the clinic concept of operations.
Blood Drawing Area (GP)	LBVP1	11.15	120	One per clinic with projected FTE Laboratory technician/phlebotomist. Add 60 nsf for each chair over one. For more than two chairs, see Section 5.3.
Outpatient Cast Room	OPCR1	16.26	175	Provide if in clinic concept of operations. This is a one-station room. A two-station room may be provided, use Room Code OPCR2.
Outpatient Observation/Hydration	OOHR1	11.15	120	One per clinic.
Outpatient Non-Stress Testing (GP)	OPST1	11.15	120	Provide one testing cubicle if in clinic concept of operations.
Patient Toilet (GP)	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers is between nine and fifteen. Provide three toilets if number of projected FTE providers are sixteen or more with a maximum of three toilets.

**STAFF AND ADMINISTRATIVE AREAS**

Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE staff provider. (See also Residency Program section.)
	OFD02			Navy - One per projected FTE staff provider. (See also Residency Program section.)
	OFD03			Air Force/VA - One per projected FTE staff provider. (See also Residency Program section.)
Nurse Manager Office	OFA01	11.15	120	Private office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private office, Systems Furniture. One per projected FTE Nurse Manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy/VA. Minimum. Add 120 nsf for each increment of four FTE nurses. Round up from 0.5.
	OFA03	5.57	60	Air Force. Cubicle Systems Furniture. One per projected FTE Nurse.
NCOIC/LCPO/LPO/SMT Office	OFA01	11.15	120	One per projected FTE.
	OFA02			

**DoD Space Planning Criteria for Health Facilities**  
**Primary Care / Family Practice**

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

**STAFF AND ADMINISTRATIVE AREAS: Continued**

Advice Nurse Office	OFA01	11.15	120	One per projected FTE Advice Nurse.
	OFA02			
Appointment Clerk Cubicle	OFA03	5.57	60	One per projected FTE Appointment Clerk
Administrative Personnel with Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Section 2.1. Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated work - space but not a private office. See Section 2.1.
Records Storage Area	MRS01	11.15	120	Minimum. Fixed shelving. If outpatient records are stored within the Primary Care Clinic. See Section 2.5 for increase in size.
	MRS02			Minimum. Movable shelving. If outpatient records are stored within the Primary Care Clinic. See Section 2.5 for increase in size.
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Use CRA01, one per department, with between 8 and 12 officers or officer equivalent personnel. For increase in size (CRA02 and CRA03) see Section 2.1.
	CRA02	27.87	300	
	CRA03	37.16	400	
Staff Lounge (GP)	SL001	13.01	140	Minimum, if at least 10 FTEs on peak shift Add 5 nsf for each peak shift FTE over 10. Maximum size not to exceed 300 nsf. Add 20 nsf if vending machines are included.
Personal Property Lockers (GP)	LR001	1.86	20	For staff without a dedicated office/cubicle space. See Section 6.1 for increase in size or for Locker Room, Changing criteria.
Staff Toilets (GP)	TLTU1	4.65	50	Minimum for total clinic staff of at least ten. See Section 6.1 for increase in size and for male/female breakdown.

**CLINIC SUPPORT AREAS**

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSC2	5.57	60	One per clinic if in clinic concept of operations.



**DoD Space Planning Criteria for Health Facilities**  
**Primary Care / Family Practice**

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

**Functions which are required for Residency Education in Family Practice:**

RESIDENCY PROGRAM				
Residency Program Director (GP)	OFD01	11.15	120	Army - One per Residency Program Director.
	OFD02			Navy - One per Residency Program Director.
	OFD03			Air Force - One per Residency Program Director.
Secretary with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Private Office	OFA01	11.15	120	One per projected FTE that requires a private office.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE administrative personnel requiring a dedicated cubicle.
Resident Cubicle	OFA03	5.57	60	Minimum. Per projected resident.
Residency Library	LIBB1	13.01	140	One per residency program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per residency program. For increase in size, see Section 2.1.
Resident Exam Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
Monitored Exam Room - Subject & Observer Room (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one CMP02. These rooms use cameras and videotapes.
	EXRG2			Navy – see above planning range comment.
	EXRG3			Air Force – see above planning range comment.
	CMP02	5.57	60	One room can support two-exam room. This room holds the video recorders.
Preceptor/Consult Room	OFDC1	11.15	120	Minimum of one. One per ten staff physicians per concept of operations.

## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

**Physical Examination Area with more than 20 examinations per day:** If a freestanding Physical Examination Area, evaluate reception, staff administration, and clinic support areas for additional items needed to support a freestanding clinic.

PHYSICAL EXAM				
Reception (GP)	RECP1	13.01	140	One per clinic.
Waiting & Form Writing	CLR02	27.87	300	Minimum - includes 12 seats plus 100 nsf for instructor. For additional chairs greater than 12, add 16 nsf per chair. Number of chairs = physical exams per day / 2 (groups per day)
History Station	OFA03	5.57	60	Per station, one station per 40 exams per day. For each increment of 40 exams per day (portion minimum of 10) add one station.
Screening (GP)	EXRG4	7.43	80	Per station, one station per 50 exams per day. For each increment of 50 exams per day (portion minimum of 15) add one station.
Exam Room (GP)	EXRG1	11.15	120	Army. Two per projected FTE provider.
	EXRG2			Navy. Two per projected FTE provider.
	EXRG3			Air Force. Two per projected FTE provider.
EKG Room (GP)	OPEC1	11.15	120	Minimum one up to 100 exams per day, additional station per 80 exams per day.
Specimen Toilet (wc, lav) (GP)	TLTU1	4.65	50	Minimum one up to 100 exams per day, additional station per 80 exams per day.
Blood Draw (GP)	LBVP1	11.15	120	If in clinic concept of operations
Vision Testing (Screening only)	PEVS1	11.15	120	Minimum, increase 60 nsf per 60 exams per day
Optometric Eye Lane (GP)	EYEL1	16.72	180	Army/Air Force. if in concept of operations
	EYEL3	15.79	170	Navy. if in concept of operations
	EYEL4	13.01	140	Folded Eye Lane, one if included in clinic concept of operations.
Audiobooth (GP)	PEHS2	34.84	375	Four-person, Audiobooth, if more than 48 physical exams per day
	PEHS3	34.84	375	Six-person, Audiobooth, if more than 48 physical exams per day
Dental Screening	PEDS1	9.29	100	Provide one if number of physical exams per day exceeds 100 per day.
ENT Exam Station (GP)	EXEN1	11.15	120	One per clinic if in clinic concept of operations
Chest X-Ray Station	XDCS1	16.72	180	If number of physical exams per day exceeds 150 per day
X-Ray Viewing Room	XVC01	11.15	120	One per clinic when Chest X-ray station is programmed.

**DoD Space Planning Criteria for Health Facilities**  
**Primary Care / Family Practice**

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m <sup>2</sup>	nsf	

**Physical Examination Area with under 20 exams per day:**

**PATIENT AREAS**

Reception (GP)	RECP1	13.01	140	One per clinic.
Waiting & Form Writing (w/alcove)	CLR02	13.01	140	One per clinic. Provides six seats. For additional chairs over six, add 16 nsf per seat.
Specimen Toilet (GP)	TLTU1	4.65	50	One per clinic
EKG Room(GP)	OPEC1	11.15	120	One per clinic.
Vision Testing (Screening only)	PEVS1	11.15	120	Minimum, increase 60 nsf per 60 exams per day
Audiobooth (GP)	PEHS1	11.15	120	One person, double wall booth
Screening (GP)	EXRG4	7.43	80	One per clinic.

**Formula for Immunization Room:**

- Given:* One immunization (injection) station is 220 nsf (18' x 12').
- Step One:* Determine the projected number of immunizations to be given weekly.  
(Immun. per week)
- Step Two:* Determine the hours of operation per week for the immunization service.  
(svc. hours per week)
- Step Three:* It is assumed that one staffed immunization station can administer 12 injections per hour. Determine the number of FTEs projected to administer injections.
- Step Four:* Apply numbers to formula.  

$$\text{Injection Stations} = (\text{immun./week}) / (12 \text{ immun./hour}) / (\text{scv hours/week}) - 1 \text{ first station}$$

$$\text{Total NSF} = \text{Injection Stations} \times 120 \text{ nsf/station} + 220 \text{ for 1}^{\text{st}} \text{ station}$$